



**PHH CLAIM FORM**  
**GEORGIA DEPARTMENT OF LAW**  
**CONSUMER PROTECTION UNIT**

**Please type or print legibly in black or blue ink.**

- This Claim Form is for consumers who:
  - Paid fees for third-party products and/or services that, due to any of PHH's solicitation and/or billing practices, the consumer alleges were not owed; *and*
  - Have **not** received a full refund from PHH and/or the third-party provider.
- Eligible consumers should fill out this Claim Form *completely*. Failure to provide all of the information requested will not necessarily result in the denial of your claim; it could, however, delay consideration of your claim while we request additional information from you, or it could impact your ability to demonstrate your loss and/or recover restitution. Questions should be directed to Investigator Mike Hummill by email only to [mhummill@law.ga.gov](mailto:mhummill@law.ga.gov).
- **Records Requested.** Return this Claim Form with copies (*no originals, please*) of:
  1. Documents, such as mortgage statements, that demonstrate you were charged for and paid for third-party products and/or services, the date(s) of the charge(s) and payment(s), and, the amount of the charge(s) and payment(s),
  2. Marketing materials and/or other documents used to solicit your purchase of the the product and/or services;

In some cases, the Consumer Protection Unit ("CPU") may need to request additional documentation from you. If you do not have any of these documents to submit, submit your Claim Form anyway and provide a detailed explanation of the events. Your lack of documentation does not necessarily mean that your claim will be denied.

- Keep a copy of your completed Claim Form and any submitted attachments for your records.
- Submit your completed Claim Form and any documentation by mail, overnight delivery, fax or hand-delivery. **You may not submit the Claim Form by email!**

Mailed, overnighted and hand-delivered Claim Forms (including documentation) should be submitted to:

Georgia Department of Law - Consumer Protection Unit  
ATTN: PHH Restitution  
2 Martin Luther King Jr. Drive SE, Suite 356  
Atlanta, Georgia 30334-9077

Faxed Claim Forms (including documentation) should be faxed to 404-651-9018.

**The Claim Form must be postmarked or faxed no later than 5:00 p.m. EDT on August 29, 2018.**

- Please be aware that restitution will be drawn from funds held in a Trust Account. If the amount claimed by consumers exceeds the amount in the Trust Account, the funds will be distributed pro rata. This means that while you may be eligible for restitution, you may not receive the full amount requested.
- You will receive a response from the CPU no later than October 28, 2018. While we will distribute funds from the Trust Account to eligible consumers as quickly as possible, please note it is a time-consuming process to evaluate and verify each claim submitted. Your patience is appreciated.

## PHH CLAIM FORM

Consumer Name: \_\_\_\_\_  
*First Middle Initial Last*

Consumer's Social Security Number (Required): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Mailing Address (Required): \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ (Day) (\_\_\_\_\_) \_\_\_\_\_ (Night)

Email: \_\_\_\_\_

Did you file a complaint about PHH with the Consumer Protection Unit ("CPU")? Yes ☐ No ☐

If Yes, list the file number (if known) \_\_\_\_\_

Description of the product and/or service for which you were charged: \_\_\_\_\_

Amount of Monthly Payment: \$ \_\_\_\_\_

Date of First Payment : \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Last Payment : \_\_\_\_/\_\_\_\_/\_\_\_\_

Total amount you claim you are owed as reimbursement: \_\_\_\_\_

Have you received a refund, account credit, or other payment from PHH, the third-party provider, your credit card company, or from any other source related to the product or service you have identified on this claim form? Yes ☐ No ☐

If you answered "YES," please explain and identify any amounts you were refunded and the source of the refund:

\_\_\_\_\_

Please provide a brief explanation of your claim, including why you allege the amount you paid for a third-party product or service was not owed and how you determined the monetary amount you are claiming. Your claimed amount will be subject to verification, and a CPU representative may need to obtain clarifying information.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you attached Documents to substantiate your Claim? Yes ☐ No ☐

Have you been or are you currently a party to any legal action against PHH? Yes ☐ No ☐

**I declare, under penalty of perjury under the laws of the State of Georgia, that the information contained in this claim is true and accurate, and that any documents attached are true and accurate copies of the originals. I understand that my claim and the related documents will become a "public record" under state law, and thus can be subject to a public records disclosure request and/or be seen by other people.**

\_\_\_\_\_  
Signature Date City and State where signed

**Your submission must be postmarked or faxed no later than 5:00 p.m. EDT on August 29, 2018. Return to the Department of Law, Consumer Protection Unit to address or fax number on instruction sheet.**